

SCHOOL ACTIVITY INFORMATION & PERMISSION FORM

THIS FORM IS TO BE RETURNED BY: Wednesday, May 4, 2022

ACTIVITY (including purpose & location details): Missions Service Project

ACTIVITY DATE: May 9-11

DEPARTURE TIME from school: 9:00am

RETURN TIME to school: 3:00pm

COST: 30.00 per student FEES DUE: May 6th (Friday)

TRANSPORTATION ARRANGEMENTS: Teacher/Parent drivers/ferry/camp van

SUPERVISED BY: Mrs Davidson, Mr Roy, Ms Keenan, Ms Baldwin & 2 parents

UNUSUAL FACTORS/RISKS: tripping

OTHER DETAILS:

PARENTAL PERMISSION

I, _____, ☐ give ☐ do not give permission for
(Printed name of parent/guardian)

_____ to participate in this activity.
(Printed name of child)

I have read and understood the information.

Signed _____ Date: _____
(Signature of parent/guardian)

Phone: _____

RELEVANT STUDENT MEDICAL CONDITIONS that the school should know:

**Please check
all that apply.**

- ☐ I AM able to help.
- ☐ I AM NOT able to help supervise this activity.
- ☐ I AM able to DRIVE TO and FROM destination.
 - ☐ I have completed required paperwork at the school office.
- ☐ I have offered to drive for an additional classroom.
 - I have _____ seats available for grade _____.
 - I have _____ seats available for grade _____.

SCHOOL COPY



Return top portion to the school. Save bottom portion for your records.

THIS FORM IS TO BE RETURNED BY: May 4, 2022

ACTIVITY (including purpose & location details): Mission Service Project @ Camp Bob, Madene or Home

ACTIVITY DATE: May 9-11